

STATE OF MICHIGAN



JOHN ENGLER, Governor

DEPARTMENT OF ENVIRONMENTAL QUALITY

"Better Service for a Better Environment"

HOLLISTER BUILDING, PO BOX 30473, LANSING MI 48909-7973

INTERNET www.deq.state.mi.us

RUSSELL J. HARDING, Director

US EPA RECORDS CENTRAL REGION 5



503938

File
6/17/98

REPLY TO

WASTE MANAGEMENT DIVISION
PO BOX 30241
LANSING MI 48909-7741

June 17, 1998

Mr. Jim Augustyn, Federal On Scene Coordinator
U.S. EPA
25089 Center Ridge Road
Westlake, Ohio 44145

Dear Mr. Augustyn:

SUBJECT: Notification of Regulated Waste Activity
Identification Number **MIR 000 032 722**

The Michigan Department of Environmental Quality (MDEQ) has received a Notification of Regulated Waste Activity form which was submitted pursuant to Section 3010 of the federal Resource Conservation and Recovery Act, 42 U.S.C. 6930 and Part 111, Hazardous Waste Management, of Michigan's Natural Resources and Environmental Protection Act, 1994 PA 451, as amended, MCL 324.11101 et seq.

Accordingly, an Identification Number has been issued for MichCon Station H Site located at 201 S. Green Street, Detroit, MI. This twelve character Identification Number **MIR 000 032 722** must be used on all manifests for shipments off-site of hazardous waste or liquid industrial waste and any correspondence regarding hazardous waste activities with MDEQ or the U.S. Environmental Protection Agency.

Enclosed is a copy of the notification form submitted with the identification number entered in Item I.C. Please carefully review the status marked to verify whether the correct box was checked in Item VIII. The status for this facility is:

Large Quantity Generator (Item A.1.a) - generate over 1,000 kg (2,200 lbs) of hazardous waste at this facility in a calendar month.

Temporary waste generation.

If you determine that the incorrect status was checked, please submit a new notification form (EQP5150) with subsequent information (complete Item I.B. and I.C.), along with a cover letter explaining that the first notification was incorrect.

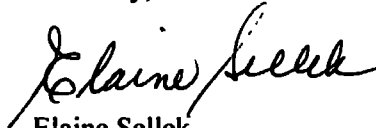
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Note that the Identification Number is site-generated; meaning this identification number **cannot** be used at a new location. In case of a move, change of owner or facility status, contact the MDEQ for a new instruction booklet and notification form (EQP5150).

If the purpose of this notification is a one-time generation of hazardous waste due to a cleanup, polychlorinated biphenyls (PCB) removal, underground storage tank removal, etc., please notify the MDEQ in writing upon completion of the project. The MDEQ will deactivate the Identification Number at that time.

If you have any questions, please contact me at 517-335-5035 or John Loeffler at 517-241-2441 or Don Clingersmith at 517-335-5139.

Sincerely,

A handwritten signature in cursive script, appearing to read "Elaine Sellek".

Elaine Sellek
Notification Project Coordinator
Waste Management Division

Enclosures
cc/enc: SE MI District, WMD, MDEQ
File



MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
WASTE MANAGEMENT DIVISION
NOTIFICATION OF REGULATED WASTE ACTIVITY

Required under authority of the Natural Resources and Environmental Protection Act, P.A. 451 of 1994, as amended. Failure to submit this information may result in civil or criminal penalties.



MAIL THE COMPLETED FORM TO:

WASTE MANAGEMENT DIVISION
MICHIGAN DEPARTMENT OF
ENVIRONMENTAL QUALITY
PO BOX 30241
LANSING MI 48909-7741

MDEQ USE ONLY

I. Facility's EPA ID Number
(see instructions on page 5)
PRINT CLEARLY

A. First Notification: ☒B. Subsequent Notification (Complete C): ☐

C. U.S. EPA Identification (ID) Number: MID981190002 MIR 000 032 722

II. Name of Facility
(see instructions on page 5)
PRINT CLEARLY

Include company and specific site name U.S. EPA SUPERFUND SITE
MichCon Station H Site

III. Location of Facility
(see instructions on pages 5 & 6)
PRINT CLEARLY

Street Address: 201 South Green Avenue

City or Town: Detroit

State: MI

County Name: Wayne

Zip Code: 48209

IV. Facility Mailing Address
(see instructions on page 6)
PRINT CLEARLY

Street or P. O. Box: U.S. Environmental Protection Agency

City or Town: 25089 Center Ridge Rd Westlake

State: OH

Zip Code: 44145

V. Facility Contact
(see instructions on page 6)
PRINT CLEARLY

Person to be contacted regarding waste activities

Name (Last): Augustyn

Name (First): Jim

Job Title: Federal On Scene Coordinator Phone: 216-522-71260

VI. Facility Contact Persons
Address
(see instructions on page 6)
PRINT CLEARLY

Same as Location address: ☐Same as Mailing address: ☒

DO NOT complete the rest of the information in VI. if same address as location or mailing

Street, P.O. Box, or Route No.: U.S. EPA 25089 Center Ridge Rd

City or Town: Westlake

State: OH

Zip Code: 44145

VII. Ownership
(see instructions on pages 6 & 7)
PRINT CLEARLY

A. Name of Facility's Legal Owner City of Detroit Brownfield Project

Name (Last):

Name (First):

Street, P.O. Box, or Route No.:

City or Town: Detroit

State: MI

ZIP Code:

Phone:

B. Land Type: Brownfield

C. Owner Type:

D. Change of Ownership Indicator Yes ☒ No ☐

If yes, date changed: November 1997

E. Property Owner

Name (Last):

Name (First):

Street, P.O. Box, or Route No.:

City or Town:

State:

ZIP Code:

Phone:

RECEIVED

JUN 15 1998

Waste Management
Division

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to Instructions on pages 7-10)

A. Hazardous Waste Activity (at this location)				B. Used Oil Activities	
1. Generator				1. Used Oil Fuel Marketer	
a. Greater than 1,000 kg/mo (2,200 lbs) <u>LOG</u>				a. Marketer Directs Shipment of Used Oil to Off-Specification Burner, OR	
b. 100 to 1,000 kg/mo (220 - 2,200 lbs.) <u>SOQ</u>				b. Marketer who first Claims the Used Oil Meets the Specifications	
c. Less than 100 kg/mo <u>CESQ</u>				2. Used oil burner - indicate device(s)	
2. Transporter (indicate mode in boxes 1-5 below)				a. Utility Boiler	
a. For own waste only, OR				b. Industrial Boiler	
b. For commercial purposes				c. Industrial Furnace	
c. Commingle				3. Used Oil Transporter - Indicate Type(s) of Activity(ies)	
d. Transfer Facility				a. Transporter	
1. Air				b. Transfer Facility	
2. Rail				4. Used Oil Processor and/or Re-refiner	
3. Highway				a. Process	
4. Water				b. Re-refine	
5. Other - specify:				C. Generation of Hazardous Waste Ceased or Facility Closed	
3. Treatment, Storage, Disposal Facility at this facility				No longer generating hazardous waste; still in business	
4. Hazardous Waste Fuel				No longer generating hazardous waste; out of business	
a. Generator Marketing to Burner, OR				Date:	
b. Other Marketer				D. Universal Waste	
c. Burns fuel in Boiler and/or Industrial Furnace				1. Large Quantity Handler of Universal Waste and are accumulating more than 5,000 kilograms of: (check box(es))	
i. Smelter Deferral				<input type="checkbox"/> batteries, <input type="checkbox"/> pesticides, <input type="checkbox"/> thermostats, <input type="checkbox"/> mercury switches, <input type="checkbox"/> mercury thermometers, <input type="checkbox"/> electric lamps <input type="checkbox"/> devices containing elemental mercury.	
ii. Small Quantity Exemption				2. Destination Facility of Universal Waste	
Indicate Type of Combustion Device(s)					
i. Utility Boiler					
ii. Industrial Boiler					
iii. Industrial Furnace					
5. Underground Injection Control					
6. Temporary waste generation (non-emergency)					

IX. Description of Regulated Wastes (Mark 'X' in the appropriate boxes. Refer to instructions on page 10)

A. Characteristics of Non-listed Hazardous Wastes. See R 299.9217 - R 299.9218. Use page 4 of 4 if more spaces are needed for waste codes. (put an "X" in box(es) - list code(s) for TCLP)

1. Ignitable (D001) <input checked="" type="checkbox"/>	2. Corrosive (D002) <input type="checkbox"/>	3. Reactive (D003) <input type="checkbox"/>	4. TCLP (list code(s) below)

B. Listed Hazardous Wastes. See R 299.9220 - R 299.9226. Use page 4 of 4 if more spaces are needed for waste codes. (list code(s) below)

PCB2							
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X. Certification. I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Signature of owner, operator or an authorized representative	Name and Official Title (type or print)	Date Signed (mm-dd-yy)
<i>James E Augustyn</i>	James E Augustyn	6-12-98
For U.S. EPA	Federal On Scene Coordinator	



MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
WASTE MANAGEMENT DIVISION
NOTIFICATION OF REGULATED WASTE ACTIVITY



Required under authority of the Natural Resources and Environmental Protection Act, P.A. 451 of 1994, as amended. Failure to submit this information may result in civil or criminal penalties.

XI. Comments - For explanation of any portion of this form. Reference the section number for each explanation.

This request is for a temporary Gen I.D. # for a U.S. EPA Superfund Site. The site is called Mich Con Station H. site ~~is~~ and is not an active facility.

The property has reverted back to the State of Michigan for nonpayment of taxes. The property was given to the City of Detroit and is being cleaned up by U.S. EPA as a Brownfield project.

PCB contaminated soils have been found on the site.